



## HARFORD COUNTY COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES

Jackie Angerhofer  
Co-Chair

Sharon Grzanka  
Co-Chair

### Harford County Student Worker of the Year for 2006

This award is presented to a Harford county student enrolled in a high school, college or vocational training program that has a work component as part of the program. The student must have been a participant in the program between September 2005 and October 2006.

#### To submit a nomination:

- a. Nominations must be on designated forms
- b. Duplicate forms if additional copies are needed
- c. Print or type complete answers to ALL questions – materials available in alternate format
- d. Attach additional pages/documentation as necessary
- e. Individuals/businesses may self nominate
- f. Mail completed forms to the Committee on Employment of People With Disabilities at the address below or given to any committee member
- g. **Nominations must be received by September 13, 2006**

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Student Nominee's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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School/Vocational Program: \_\_\_\_\_

Name of Student's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe the student's job responsibilities: \_\_\_\_\_

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Nature of the student's disability: \_\_\_\_\_

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Accommodations provided on the job site: \_\_\_\_\_

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List the reasons why the student should receive the award (Describe work habits, attitude, skills, interpersonal behaviors, etc.): \_\_\_\_\_

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This nomination is submitted by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

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Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

This document is available in alternative format upon request:  
410-638-3373 voice/TTY or [disability@harfordcountymd.gov](mailto:disability@harfordcountymd.gov) .